

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☐ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Type or print in ink.

Statement covers period
from 7-1-94
through 12-31-94

Date Stamp

RECEIVED
JAN 20 PM 2:38
COUNTY CLERK
SANTA CLARA

COVER PAGE LONG FORM

CALIFORNIA
1994 FORM 490

Page 1 of 1
For Official Use Only

I Officeholder, Candidate, and Controlled Committee
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

STEPHEN J. MANN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

P.O. Box 648

CITY LODI STATE CA ZIP CODE 95241 AREA CODE/DAYTIME PHONE 209-368-6274

COMMITTEE NAME Committee to Elect Stephen Mann I.D. NUMBER 927038

COMMITTEE ADDRESS (NO. AND STREET)

P.O. Box 648

CITY LODI STATE CA ZIP CODE 95241 AREA CODE/DAYTIME PHONE SAME

NAME OF TREASURER

ROBERT A. ROCKA

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

1420 W. HETTERMAN LN.

CITY LODI STATE CA ZIP CODE 95242 AREA CODE/DAYTIME PHONE 209-343-4052

II Other Committees Not Included in this Statement: List any other
committees not included in this consolidated statement that are controlled by you and any
committees of which you have knowledge that are primarily formed to receive contributions
or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS (NO. AND STREET) ☐ YES ☐ NO

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

COMMITTEE ADDRESS (NO. AND STREET) ☐ YES ☐ NO

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

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COMMITTEE NAME I.D. NUMBER

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COMMITTEE ADDRESS (NO. AND STREET) ☐ YES ☐ NO

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-20-95 At LODI, CA

By Robert A. Rocka
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-20-95 At LODI, CA

By Stephen J. Mann
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

State of California Fair Political Practices Commission

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7-1-94</u> through <u>12-31-94</u>	CALIFORNIA 1994 FORM 490
Page <u>2</u> of <u> </u>	I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Stephen J. MANU

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ <u>170</u>	\$ <u>0</u>	\$ <u>170</u>
2. Loans Received	Schedule B, Line 7	<u> </u>	<u>726</u>	<u>726</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>170</u>	\$ <u>726</u>	\$ <u>896</u>
4. Non-monetary Contributions	Schedule C, Line 3	<u> </u>	<u> </u>	<u> </u>
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ <u>170</u>	\$ <u>726</u>	\$ <u>896</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	<u> </u>	<u> </u>	<u> </u>
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ <u>170</u>	\$ <u>726</u>	\$ <u>896</u>

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ <u>15</u>	\$ <u>0</u>	\$ <u>15</u>
9. Loans Made	Schedule H, Line 7	<u> </u>	<u> </u>	<u> </u>
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ <u>15</u>	\$ <u> </u>	\$ <u>15</u>
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	<u> </u>	<u> </u>	<u> </u>
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ <u>15</u>	\$ <u> </u>	\$ <u>15</u>

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ <u>8.00</u>
14. Cash Receipts	Column A, Line 3 above	<u>170.00</u>
15. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>5.00</u>
16. Cash Payments	Column A, Line 10 above	<u>15.00</u>
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ <u>168.00</u>

If this is a termination statement, Line 17 must be zero.

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ <u> </u>
19. Cash Equivalents	See instructions on reverse	\$ <u> </u>
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ <u>726</u>

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$ <u> </u>	\$ <u>170</u>
22. Expenditures Made	\$ <u> </u>	\$ <u>15</u>

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>7-1-94</u> through <u>12-31-94</u>	CALIFORNIA 1994 FORM 490
Page <u>3</u> of <u> </u>	I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Stephen J. Mann

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)

SUBTOTAL \$

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 170
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 170

Schedule B — Part III
Annual Report of Outstanding Loans Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE B - Part III

Statement covers period from <u>7-1-94</u> through <u>12-31-94</u>	CALIFORNIA 1994 FORM 490
Page <u>4</u> of <u> </u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Stephen J. Mann

I.D. NUMBER

922038

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
<u>Stephen J. Mann</u>	<u>10-20-92</u>	<u>\$ 700</u>	<u>126</u>	
<u>✓</u>	<u>9-30-92</u>	<u>500</u>	<u>500</u>	
<u>✓</u>	<u>8-3-92</u>	<u>100</u>	<u>100</u>	

Attach additional information on appropriately labeled continuation sheets.

TOTAL

\$

726

NOTE: This total should be
 the same amount as entered
 on the Summary Page,
 Column C, Line 2.

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE I

Statement covers period from <u>7-1-94</u> through <u>12-31-94</u>	CALIFORNIA 1994 FORM 490
Page <u>5</u> of <u> </u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Stephen J. Mark

I.D. NUMBER

922038

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Miscellaneous Increases to Cash Summary

- Increases to cash of \$100 or more this period. \$
- Increases to cash under \$100 this period. (Do not itemize.) \$ 5.00
- Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) \$
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) TOTAL \$ 5.00

Schedule E
Payments and Contributions
(Other Than Loans) Made

type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE E

Statement covers period from <u>7-1-94</u> through <u>12-31-94</u>	CALIFORNIA 1994 FORM 490
Page <u>6</u> of <u> </u>	I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Stephen T. Mann

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR	DESCRIPTION OF PAYMENT
			AMOUNT PAID

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$

Payments and Contributions Made Summary

- | | | |
|---|----------|-------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ | <u>15</u> |
| 2. Payments made this period of under \$100. (Do not itemize.) | \$ | <u>15</u> |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) | \$ | <u> </u> |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) | \$ | <u> </u> |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ | <u>15</u> |